2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N98000005783

Entity Name: FONDASYON GRANN LISON, INC.

Current Principal Place of Business:

12100 NE MIAMI PL
N.MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

PO BOX 552417
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-0874789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILORD, WALNEX
12100 NE MIAMI PLACE
N MIAMI, FL 33161 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: LOUISSAINT, GARDY
Address: 21037 NE 5CT
City-St-Zip: MIAMI, FL 33179

Title: T ( ) Delete
Name: PHILORD, WALNEX
Address: 12100 NE MIAMI PLACE
City-St-Zip: N MIAMI, FL 33161

Title: P ( ) Delete
Name: BENISTE, MYRIAME
Address: 1540 NW 134ST
City-St-Zip: MIAMI, FL 33167

Title: VP ( ) Delete
Name: JOSEPH, THOMAS
Address: 1190 NW 124ST
City-St-Zip: N.MIAMI, FL 32837

Title: VP ( ) Delete
Name: ANTOINE, CARITAINE
Address: 12625 NEWFIELD DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: CHILTON, DIANA RUTH
Address: 5125 N.E 3RD CT APT 4
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALNEX PHILORD T 04/25/2009

Electronic Signature of Signing Officer or Director — Date